INTRODUCTION

Invasive candida infections (ICI) are mainly nosocomial infection and are associated with excessive morbidity and mortality, prolongation of hospital stay and increased cost ***(Joanna et al., 2007).***

Candida species are considered the single most important cause of opportunistic fungal infections **(Pfallar et al., 2007)** worldwide and the fourth most common cause of nosocomial bloodstream infections in the USA, accounting for 8–10% of all isolates **(Wisplinghoff et al., 2004),** while in Europe, candida infections account 9% of all infections in PICU and are the third most frequent pathogen after bacteria (68%) and viruses (22%) **(pappas et al., 2003).**

Candida infection is commonly encountered in pediatric intensive care patients by large number of risk factors including:

(A) Enviromental factors : as endotracheal intubation , central venous and arterial lines, urinary catherization , parentral nutrition , prolonged ICU stay , Broad spectum antibiotics , bacterial infection and corticosteroids.

(B) Host factors : as prematurity , congenital anomalies , critical illness, Immunodeficiency , neutropnia , malignancies , bone marrow transplantation and undergoing operation. ***(Almirante et al., 2005)***

Differences between pediatric and adult in fungal infection are due to the younger age of patients in Pediatric ICU and the different pattern of underlying diseases. Although candidemia in pediatric patients has been associated with lower increase in mortality (10% vs. 14.5% in adults),

the impact on duration of hospital stay and the cost is much higher in children **(Zaoutiz *et al., 2005).***

Diagnosis of fungal infection is hampered by the non specificity of the clinical symptoms and poor sensitivity of the serum inflammatory markers so, the use of other laboratory techniques for diagnosis is more beneficial for the patients' sake ***(Benjamin et al., 2000).***

Extreme suspicion, early diagnosis, prompt removal of lines and use of antifungal drugs are milestones of management. Mortality is not influenced by kind of antifungal treatment but mainly by lack of therapeutic intervention, such as removal of central venous catheters and prompt initiation of therapy ***(Pappas et al., 2003).***